

Securities Complaint Form

COMPLAINANT INFORMATION *(identifies you as the Complainant)*

Your Last Name	First	Middle Initial
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Residence Address (Street, City, State and Zip Code)

Business Address (Street, City, State and Zip Code)

Occupation	Business Telephone Number	Residence Telephone Number
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I DECLARE I HAVE A COMPLAINT AGAINST:

Name of Business, Company, Firm, Person

Street address of Business (room number, suite number, or apartment number, if any)

City	State	Zip Code	Business Telephone Number
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How and when did you first hear of the investment opportunity (e.g. advertisement in Wall Street Journal, telephone solicitation or Internet contact).

Full names of salesperson, agent or other representative and/or names of any principals of the business entity.

Please explain the type of investment (i.e., stock, bonds, limited partnership, note, viatical settlement, contract, etc.)

Place(s) where transaction(s) occurred.

Amount(s) Invested

Have you contacted the business or person regarding your complaint? Yes No

If yes, person(s) contacted _____

Results of contact: _____

Have you filed this complaint with another law enforcement or consumer protection agency? _____

Are you willing to appear as a witness, be sworn, testify and be cross-examined concerning the allegations made in this complaint? Yes No

If no, state the reason: _____

Please estimate your net worth including autos and house.

\$10,000 - 25,000
\$25,000 - 50,000

\$50,000 - 100,000
\$100,000 - 150,000

\$150,000 - 200,000
\$200,000 - or more

Please explain in detail your previous investment experience. Indicates types of investments, amount invested and dates invested.

Did you rely on the business or financial experience of someone other than yourself? Yes No

If yes, who? Please give details: _____

Please check below which of the following documents are attached or available to incorporate as part of this complaint.

<u>Attached</u>	<u>Available</u>	<u>Type of Document</u>
_____	_____	Advertising materials
_____	_____	Agreement/Contract
_____	_____	Promissory Note (if applicable)
_____	_____	Cash Receipt(s)
_____	_____	Cancelled Check(s) (front and back)
_____	_____	Brochures/Prospectuses
_____	_____	Copies of all documents which relate to your complaint and which are not listed above.

List the names, addresses and phone numbers of other individuals who may have invested, or may have further knowledge of the investment.

[illegible]

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

INSTRUCTIONS FOR COMPLETING THE COMPLAINT FORM

Before filling out the attached complaint form, please take the time to read these instructions; they will help you understand our functions, and we will be better able to understand and act on your complaint.

WHAT WE CAN DO

- We investigate complaints against persons and business entities accused of violating the registration and antifraud provisions of the Michigan Uniform Securities Act. We are empowered to bring administrative actions to stop the violations, and in appropriate cases, to refer matters to the Department of Attorney General for civil actions or criminal prosecution.
- The Michigan Uniform Securities Act regulates the sale of securities in or from Michigan and requires the registration of securities industry professionals (broker-dealers, agents and investment advisers). If you have a problem relating to the purchase or sale of a security, we may be able to assist with a resolution of the problem; however, please note the limitations on our authority to take action described below.

WHAT WE CANNOT DO

- We cannot act as a court of law, so we cannot order that monies be refunded, contracts be cancelled, damages be awarded, etc. If you have this type of problem you should consult an attorney.
- We cannot act as your attorney.
- We cannot take action in matters involving the internal affairs of a business entity. We only have jurisdiction over the offer, sale or purchase of securities, not over the way business is being conducted except in the case of securities industry professionals (broker-dealers, agent and investment advisers).

HOW YOU CAN HELP US

Summarize your complaint using these guidelines: include how you first learned of the investment (advertisement, personal contact).

- Tell us WHAT happened. Start from the beginning. Be specific as to what was said and who said it.
- Tell us WHO was present during these conversations or acts.
- Tell us WHEN and WHERE these conversations/acts took place.
- Tell us WHEN and WHERE the money and agreements changed hands.
- Tell us HOW you know the representations were false or HOW you know your money was misused.

Attach photocopies of all documents such as contracts, agreements, certificates, notes, trust deeds, correspondence, legible copies of the front and back of checks involved, prospectus, advertising, etc. **Documentary evidence is especially important. Please do not send originals; we cannot be responsible for their safekeeping.**

Type or print clearly in ink.

Mail the form along with supporting documents to:

Office of Financial and Insurance Services
Consumer Services Division
P.O. Box 30220
Lansing, Michigan 48909-7720

Visit OFIS on the Web at:
<http://cis.state.mi.us/ofis>



Michigan Department of Consumer & Industry Services
"Serving Michigan... Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.